



Friends of Wakulla Springs State Park, Inc.,

MEMBERSHIP FORM

(Please print)

First Name:
Last Name:
Address:
City:
State:
Zip
Phone:
Email:
<input type="checkbox"/> Membership check enclosed
<input type="checkbox"/> Students \$ 15
<input type="checkbox"/> Individuals \$ 20
<input type="checkbox"/> Families \$ 25
<input type="checkbox"/> Good Friend \$ 50
<input type="checkbox"/> Best Friend \$ 100
<input type="checkbox"/> Business Friend \$ 250
<input type="checkbox"/> Lifetime Friend membership \$ 1,000 or more
 <i>Please note any skills or talents you may have and/or ways that you would like to volunteer:</i>

Please fill out form, enclose membership check-mail to:

Friends of Wakulla Springs
550 Wakulla Park Drive
Wakulla Springs, Florida 32327
<http://www.wakullasprings.org/>
Phone: 850-926-0700